

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Masahiro Kobayashi

Examiner:

Burton S. Mullins

Application No.:

10/631,924

Confirmation No.:

9662

Filed:

July 31, 2003

Group Art Unit:

2834

For:

VARIABLE RELUCTANCE RESOLVER

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## TRANSMITTAL LETTER

Sir:

Transmitted herewith is a Reply to Office Action dated June 2, 2005 for the above-identified patent application.

## FEE FOR ADDITIONAL CLAIMS

A fee for additional claims is not required.

A fee for additional claims is required.

The additional fee has been calculated as shown below:

|  | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Previously<br>Paid For | Present<br>Extra | Rate       | Additional Fee |
|--|---|---|------------------|------------|----------------|
| Total Claims                                     | 14  | - 20*                                       | = 0              | x \$50.00  | = \$0.00       |
| Independent<br>Claims                            | 3   | - 3**                                       | = 0              | x \$200.00 | = \$0.00       |
| First Presentation of a Multiple Dependent Claim |   |   |                  | + \$360.00 | = \$0.00       |

<sup>\*</sup> If less than 20, insert 20.

TOTAL

= \$0.00

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120.00 OP

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<sup>\*\*</sup> If less than 3, insert 3.

|                 | A check in the amount of $XXX$ in payment of the fee for additional claims is transmitted herewith.  |  |   |  |  |  |
|-----------------|--|--|---|--|--|--|
| $\boxtimes$     | The Commissioner is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § 1.17 in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to Deposit Account No. 50-0675, Order No. <u>051319.0050</u> . A duplicate copy of this transmittal letter is transmitted herewith.  |  |   |  |  |  |
|                 | Please Charge \$XXX to Deposit Account No. 50-0675 in payment of the fee for additional claims. A duplicate copy of this transmittal letter is transmitted herewith.   |  |   |  |  |  |
| EXTE            | NSION FEE  |  |   |  |  |  |
| $\boxtimes$     | The following extension fe fee for response within one   |  | to the Response filed herewith: \$\frac{120.00}{2000}\$ extension nt to 37 C.F.R. \\$ 1.136(a).                                       |  |  |  |
| $\boxtimes$     | A check in the amount of $$120.00$ in payment of the extension fee is transmitted herewith.  |  |   |  |  |  |
| $\boxtimes$     | The Commissioner is hereby authorized to charge payment of any additional extension fee required under 37 C.F.R. § 1.17 in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to Deposit Account No. 50-0675, Order No. 051319.0050. A duplicate copy of this transmittal letter is transmitted herewith. |  |   |  |  |  |
|                 | Please charge \$XXX extension fee to Deposit Account No. 50-0675. A duplicate copy of this transmittal letter is transmitted herewith.   |  |   |  |  |  |
|                 | ·  | • • • •  | Respectfully submitted,   |  |  |  |
|                 |  |  | Schulte Roth & Zabel LLP<br>919 Third Avenue<br>New York, NY 10022<br>212-756-2000  |  |  |  |
| Dated:          | September 26, 2005<br>New York, New York   | Ву:  | David Toma Agent for the Applicant Reg. No. 57,380  |  |  |  |
| Enclos<br>DT/ja | ure  |  |   |  |  |  |
|                 |  | CERTIFICA  | TE OF MAILING   |  |  |  |
|                 |  | that this correspondence that this correspondence Class Mail with suffic | ce and enumerated documents are being deposited with the ient postage on the date indicated above and is addressed to the 22313-1450. |  |  |  |
|                 | Name:  | Joan Agostini  |   |  |  |  |
|                 | Signature:   | - Harrie   | Schulte Roth & Zahel II P   |  |  |  |